



# Maricopa County Department of Public Health

Request for Certified Copy of **ARIZONA DEATH CERTIFICATE** – In Person Application

**WARNING: False Application for a Death Certificate is a Punishable Offense**

A VALID GOVERNMENT PHOTO ID IS REQUIRED



DEATH

Today's Date:	# of Copies	Payment Method	Total Amount	Are Copies to be Used for Gov't Claims? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Type of Claim _____	Fees \$20—Per Certified Copy \$30—Per Correction/Amendment	
Name on Certificate First Middle Last					<b>OFFICE USE ONLY</b>	
					STATE FILE NUMBER	
Date of Death		Date of Birth		Place of Death (City or Town)		
County of Death		Funeral Home Name				
Your Full Name— <b>PRINTED</b>		Your Signature — <b>REQUIRED</b>				
Mailing Address		Street		City State Zip Code		
Relationship to Person on Certificate **PROOF of relationship/eligibility MUST be provided (i.e., Will, birth certificate, marriage certificate, etc).				Day time Phone Number		
GOV'T ISSUED ID (OFFICE USE ONLY)					SERIAL NUMBER—CERTIFIED	
DOCUMENTS VERIFIED (OFFICE USE ONLY)					RECEIPT NUMBER	



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